



CERTIFICATE OF LIABILITY INSURANCE

OP ID EH
IRONWO1

DATE (MM/DD/YYYY)

12/30/09

PRODUCER LaBarre/Oksnee Insurance PD 30 Enterprise #180 Aliso Viejo CA 92656 Phone: 760-346-7251 Fax: 760-346-4269		INSURERS AFFORDING COVERAGE		NAIC #
INSURED Ironwood Owners Assoc XIV c/o Desert Resort Management P.O. Box 14387 Palm Desert CA 92255-4387		INSURER A: XL Specialty Insurance Co. INSURER B: Great American Group INSURER C: Zurich Companies INSURER D: One Beacon Insurance INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
A	X	GENERAL LIABILITY	TBA	01/01/10	01/01/11	EACH OCCURRENCE	\$ 1,000,000	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
B	X	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	TBA	01/01/10	01/01/11	MED EXP (Any one person)	\$ 1,000	
		D&O \$1,000,000				PERSONAL & ADV INJURY	\$ Included	
		GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ Included
A	A	AUTOMOBILE LIABILITY	TBA	01/01/10	01/01/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
		<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					AUTO ONLY - EA ACCIDENT	\$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					OTHER THAN EA ACC	\$
							AUTO ONLY: AGG	\$
C	X	EXCESS / UMBRELLA LIABILITY	TBA	01/01/10	01/01/11	EACH OCCURRENCE	\$ 15,000,000	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 15,000,000	
		<input type="checkbox"/> DEDUCTIBLE						\$
		<input checked="" type="checkbox"/> RETENTION \$10,000						\$
D	Y/N	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	406-02-85-06-0000	06/27/09	06/27/10	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	\$ 1,000,000	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
		OTHER					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A		Property Coverage	TBA	01/01/10	01/01/11	5,000 ded	\$20,000,000	
A		Fidelity Bond	TBA	01/01/10	01/01/11	2,500 ded	\$500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
****Package Policy has a Floor and Wall Covering Exclusion** GUARANTEED REPLACEMENT COST APPLIES TO PACKAGE **Desert Resort Management as Additional Insured****

CERTIFICATE HOLDER		CANCELLATION	
DESERTR Desert Resort Management P.O. Box 14387 Palm Desert CA 92255-4387		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Palm Desert Office	

LaBarre/Oksnee Insurance PD
30 Enterprise #180
Aliso Viejo, CA 92656
Phone : 760-346-7251 Fax : 760-346-4269

INVOICE # 83132		Page 1
ACCOUNT NO. IRONWO1	OP EH	DATE 01/08/10
BALANCE DUE ON 01/08/10		

Ironwood Owners Assoc XIV
c/o Desert Resort Mgmt
P.O. Box 14387
Palm Desert, CA 92255-4387

itm #	Eff Date	Trn Type	Description	Amount
353065	01/01/10	MEM PCKG	10-11 Package Down Paym XL Specialty Insurance Co.	\$ 1,373.33
353066	01/01/10	MEM DOLI	10-11 D&O Policy Great American Group	\$ 729.00
353067	01/01/10	MEM UM-S	10-11 Umbrella Policy Zurich Companies	\$ 1,668.00
Invoice Balance:				\$ 3,770.33

Make check payable to: LaBarre/Oksnee Insurance Agency.
 Payment due in 10 days. Thank You!

***** PLEASE RETURN ONE COPY WITH YOUR REMITTANCE *****